

# AARTimes

The Magazine for the Respiratory Care Professional

VOLUME 8, ISSUE 4

APRIL 1984



AARTimes presents the proceedings of the  
Surgeon General's Regional Workshop on Home Care

# Home Care Savings Potential Draws National Attention

## Al Kemp Addresses Community-Oriented Home Care

The disabled comprise the fastest growing segment of our population, and the most vulnerable within these groupings are the children and the elderly. Here in the St. Louis area, as is the case in the rest of the country, we find probably the fastest growing segment of our population by age category — those over 65. This is the top region of the country as far as the proportion of percentage of elderly over 65.

Medical, surgical and technical advances have saved the lives of children and adults who would have died in past years. Children and adults with multiple disabilities now live longer and have more productive lives. The ramifications for health care needs of these disabled children and adults dependent upon technology for daily living are far reaching and complex. Pioneering efforts of doctors and nurses, allied health professionals, state agency officials, insurance, hospital administrators, social workers and parents' advocacy groups have made it possible for ventilator-dependent children to live in the community with significant savings. Yet now, this growing population needs regional coordinating organizations to maintain and refine current strategies providing community-based health care to guide and support parent groups and to educate the professional and private sector about the dynamics of community-oriented home care. For these reasons, we are gathered here today. ●

## Sam Giordano Says Communication Vital To Home Care Success

This country's method of providing health care is undergoing a great deal of scrutiny and revision. The problem is in achieving a balance between cost efficient medical care and quality care. One possible and popular solution to the problem is the "unbundling" of medical services. Simply stated, this means that efforts should be made to effect an appropriate match of health care resources to patient needs. This results in a more cost effective way of rendering care with assurances that the patient will receive necessary medical care.

A key element in the unbundling process is home care. The Surgeon General, C. Everett Koop, MD, recognized that a significant benefit could be derived if certain patients not requiring hospitalization could be supported in their home environments. Pursuant to that goal, Dr. Koop convened a workshop on the plight of the ventilator-dependent child in late 1982. Several important recommendations were generated at the workshop. Not the least of those was to hold future workshops to identify problems and barriers confronting the home care patient, and to establish a network of that first follow-up workshop. Held Dec. 13, 1983, in St. Louis, MO, health care providers and ventilator-dependent patients from across the country convened to share their stories and to develop an understanding of the problems with home care under our present health system. I am sure that after reviewing this issue, you will find that there is a great deal of support for the home care patient, however, that aid is lacking central coordination and consistency.

It is our hope to continue to present the latest information on ideas, problems and methods, for indeed the first step in establishing an adequate structure to support home care must be communication — two-way communication. This issue satisfies only a part of that request. I invite you to satisfy the second part: please give us the benefit of your thinking. Please share with us ideas that may not be presented in this issue, and certainly send us comments on the subjects as they are presented here. This exchange will eventually result in an efficient and effective home care support network throughout this country. ●

*Al Kemp is Director of Region VII Department of Health and Human Services*

*Sam Giordano, RRT, is executive director of the American Association for Respiratory Therapy.*

# What Is A Waiver?

Many of the articles in this special report on the Surgeon General's Workshop refer to the waivers available to ventilator-dependent patients. If you are unfamiliar with the waiver process, it is important to note that there are different kinds of waivers.

In 1981, as part of the Budget Reconciliation Act, Congress gave the states greater flexibility to establish home and community-based long term delivery systems for Medicaid individuals at risk of institutionalization. These waivers, known as Section 2176 waivers, are quite different in their scopes, with some states targeting solely on the aged and physically disabled population, while others focus on the developmentally disabled. Each state requests its own range of services, and some do include respiratory therapy home care.

There is a second kind of waiver permitted under the 2176 program. The "model waivers" permit a state to target a specific group of no more than 50 blind or disabled individuals for Medicaid eligibility and community-based long term care services who, without the waiver, would be eligible for Medicaid benefits only if institutionalized.

Further, there are the Katie Beckett waivers, established by Section 134 of PL 97-248. These waivers give the states the option of extending coverage to disabled children living at home or in the community provided that the cost of the care does not exceed the cost of institutional care. Interestingly, and this is the basis of part of the AART's arguments, only one state, Idaho, has chosen the Section 134 Katie Beckett waiver option.

A very important fact to note about the waiver system is that it is exactly that — a system which waives existing rules. It becomes the exception rather than the rule. The AART firmly believes that respiratory care for ventilator dependent individuals ought to be the rule rather than the exception.

THE WHITE HOUSE  
WASHINGTON

December 12, 1983

I am very pleased to extend my warm congratulations on the observance of the First Anniversary of the Surgeon General's Conference on Children with Handicaps and Their Families.

Because of your efforts, many children and their families have new hope and encouragement. Your willingness to tackle a difficult challenge has enabled children who live within the confines of institutions to encounter and enjoy a normal life as they now participate in their families, schools, and houses of worship. No longer is it acceptable to assume that a technology-dependent child must remain in an institution.

Your commitment to excellence has established new vistas of opportunity for those who have needed a helping hand. Let me encourage you to continue your good works. The spirit of cooperation that Americans bring to problem-solving is bound to result in significant achievement in the development of positive and realistic strategies for action in your states and communities.

On behalf of untold thousands of Americans, I thank you for your leadership, innovation, and commitment to change. Nancy joins me in sending every good wish for continued success in your efforts.

Ronald Reagan